U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 10696

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

e	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Harry Bottino	Name Carpenters Local 1906 U B of C & J of A
	Labor Organization File Number 022–087
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 522 Kelly Avenue	Street 1803 Spring Garden Street
City Woodlyn	City Philadelphia
State Pennsylvania ZIP Code + 4 19094	State Pennsylvania ZIP Code + 4 19130
5. Position in labor organization. Financial Secretary	
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
Silver	
City Company of the c	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Jassey Botters	On 8-15-05 610 5321049
	Date Telephone Number

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Name of Person Filing Harry Bottino	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activity (2) any part of which consists of buying from or selling or leasing directly or included the your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Carpenters JAC Committee of Phila & Vicinity Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 10401 Decatur Road City Philadelphia State Pennsylvania ZIP Code + 4 19154	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Sponsoring organization	
Street		
City	11.b. Approximate dollar value of such dealing.	
State ZIP Code + 4	12.a. Nature of interest held or income received. Instructors salary, fringe benefits and reimbursed expenses for training apprentices and journeyman in the field of carpentry.	
	12.b. Amount. \$110,916	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).		
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
715.0		
State ZIP Code + 4		